

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/510,378
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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27						
28						
29						
30						
31	1					
32		1				
33		1				
34		1				
35		1				
36	1					
37		1				
38		1				
39		1				
40		1				
41	1					
42		1				
43		1				
44		1				
45		1				
46	1					
47	1					
48	1					
49	1					
50		1				
TOTAL IND.	9					
TOTAL DEP.	10					
TOTAL CLAIMS	28					

	*AND A		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55	1					
56	1					
57		1				
58		1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						